

**North Carolina Department of Health and Human Services
Division of Aging and Adult Services
Guardianship Status Report Instructions**

Statutory Requirements

NCGS 35A-1242. Status reports for incompetent wards.

- (a) Any corporation or disinterested public agent that is guardian of the person for an incompetent person, within six months after being appointed, shall file an initial status report with the clerk and submit a copy of the initial status report to the designated agency, if there is one. Such guardian shall file a second status report with the clerk one year after being appointed and subsequent reports annually thereafter. The clerk may order any other guardian of the person to file status reports. If a guardian required by this section to file a status report is employed by the designated agency, the guardian shall file any required status report with the clerk and submit a copy of the status report to the designated agency.

(a.1) Each status report shall include all the following:

- (1) A report or summary of recent medical and dental examinations of the ward by one or more physicians and dentists. In instances when the guardian has made diligent but unsuccessful attempts to secure this information, the guardian shall include in the status report an explanation and documentation of all actions taken to attempt to secure this information.
- (2) A report on the guardian's performance of the duties set forth in this Chapter and in the clerk's order appointing the guardian.
- (3) A report on the ward's residence, education, employment, and rehabilitation or habilitation.
- (4) A report of the guardian's efforts to restore competency.
- (5) A report of the guardian's efforts to seek alternatives to guardianship.
- (6) If the guardian is a disinterested public agent or corporation, a report of the effort to identify alternative guardians.
- (7) The guardian's recommendations for implementing a more limited guardianship, preserving for the ward the opportunity to exercise rights that are within the ward's comprehension and judgment.
- (8) Any additional reports or information required by the clerk.

Note: Monitor has discretion to assign partial points based on documentation

- (a.2) The guardian may include in each status report additional information pertaining to the ward's best interests.
- (b) Each status report shall be filed (i) under the guardian's oath or affirmation that the report is complete and accurate so far as the guardian is informed and can determine or (ii) with the signature of a disinterested, competent witness to a statement by the guardian that the report is complete and accurate so far as the guardian is informed and can determine. Status reports filed with the signature of a disinterested competent witness shall include the full name, address, and telephone number of the witness.
 - (b1) The clerk shall make status reports submitted by corporations or disinterested public agents available to the Director, or the Director's designee, of the Division of Aging and Adult Services within the Department of Health and Human Services. The Director, or the Director's designee shall review the status reports in connection with the Department's regular program of oversight for these categories of guardians.
- (c) A clerk or designated agency that receives a status report shall not make the status report available to anyone other than the guardian, the ward, the court, or State or local human services agencies providing services to the ward.
- (d) The clerk, on the clerk's own motion, or any interested party, may file a motion in the cause pursuant to G.S. 35A-1207 with the clerk in the county where the guardianship is filed to request modification of the order appointing the guardian or guardians or for consideration of any matters contained in the status report."

Content of Status Report

Complete the name, address and date of birth of the ward.

Complete the name and address of the guardian.

Type of Guardianship Check the appropriate box to indicate the type of guardianship as listed on the *Order on Application for Appointment of Guardian* or the *Order on Motion to Modify Guardianship*.

Initial Status Check the box if report is within six months from the date of appointment on the *Order on Application for Appointment of Guardian* or the *Order on Motion to Modify Guardianship*.

Annual Status Check the box if the report is twelve months from the date of appointment on the *Order on Application for Appointment of Guardianship* or the *Order on Motion to Modify Guardianship*; or a subsequent year from the date of appointment.

Status Report Period Enter the time period (month, day and year) the status report covers. (Example: The date of appointment is February 15, 2019, so the initial status report is due on or before August 15, 2019. The annual status report is due in the month of February 2020, one year from the month of appointment. All subsequent annual reports will be due in the month of February.)

A. Medical Examination (including hospitalizations)

- 1. **Date of examination(s)** - enter all dates for examinations performed within the time period covered, including dates of hospitalizations.

2. **Name and address of examining physician(s)** – enter the name and address of all examining physicians for all dates within the period covered.
3. **Place of examination(s)** – enter the physical location of medical visit(s) for all dates within the time period covered.
4. **Report of examination(s)** – enter a report or summary of recent medical examinations or treatments performed on the ward by one or more physicians during the time period covered. (May attach a copy of examination report(s) or summarize each visit.)

B. Dental Examination

1. **Date of examination(s)** – enter all dates for dental examinations performed within the time period covered.
2. **Name and address of examining dentist(s)/physician(s)** – enter the name and address of all dentists/physicians for all dates within the time period covered.
3. **Place of examination(s)** – enter the physical location of dental visit(s) for all dates within the time period covered.
4. **Report of examination(s)** – enter a report or summary of recent dental examinations or treatments performed on the ward by one or more dentists/physicians. (May attach a copy of examination report(s) or summarize each visit.)

Note: If a ward refuses to see a dentist for any reason, it is not acceptable to write “N/A”. Document all efforts and attempts to have dental examinations and/or treatments provided to the ward. If these attempts have been unsuccessful, request that a physician perform an oral hygiene (mouth/gum) examination and document their findings in the status report.

C. Mental Health Treatment (including hospitalizations)

1. **Date of examination(s)** - enter all dates for mental health examinations or treatment performed within the time period covered, including dates of hospitalizations.
2. **Name and address of treating clinician(s)** –enter the name and address for all examining mental health professionals for all dates within the time period covered.
3. **Place of examination(s)** – enter the physical location of the visit for all dates within the time period covered.
4. **Report of examination(s)** – enter a report or summary of recent mental health examinations or treatments performed on the ward by one or more clinicians/physicians. (May attach a copy of examination report(s) or summarize each visit).

Note: In instances where there are diligent but unsuccessful attempts to secure medical, dental or mental health information for the time period covered, document all efforts that were made to obtain the information.

Note: Neither NCGS 35A nor state policy defines the term “recent”, but information concerning a ward is usually considered “recent” if it occurred during the period the status report covers.

D. Report of guardian on performance of duties

Summarize how well the guardian was able to fulfill the duties outlined in the *Order on Application for Appointment of Guardian* or the *Order on Motion to Modify Guardianship*. This should include any difficulties or obstacles/barriers experienced in fulfilling these duties.

E. Report of ward's residence, education, employment, rehabilitation, or habilitation.

Summarize the assessment(s), goals and plans of care done on behalf on the ward; and how the ward's needs have been met during the time period covered. This includes documentation of the ward's progress and any problems the guardian experienced in fulfilling those needs. The following areas should specifically be addressed: the ward's residence, education, employment (if applicable) and rehabilitation or habilitation services

F. Report of guardian's efforts to:

1. **Restore competency** - document all efforts made to restore the ward's competency during the time period covered. Provide an explanation that details why or why not restoration of competency can take place.
2. **Identify alternative guardian and transfer guardianship** - document efforts to identify alternative guardians during the time period covered. If the ward has involved family or friends, provide detailed documentation of all efforts to transfer guardianship. Give specific reason(s) transfer to one of these individuals is not appropriate or cannot be accomplished.
3. **Implement a more limited guardianship** - document any recommendations for implementing a more limited guardianship during the time period covered. Provide an explanation that details why or why not implementation of a more limited guardianship can take place.
4. **Seek alternatives to guardianship** - document efforts to seek alternatives to guardianship during the time period covered, or the reason that alternatives are not appropriate for the ward. Provide specific details as to the alternatives considered, and why or why not they could be put in place for the ward.

G. Other Reports (Guardian may attach copy of relevant reports)

Provide any additional reports or information required by the clerk. Address any other reports, or activities/additional information pertaining to the ward's best interests. This may be reports or information from group home staff, staff from treatment facilities or other professionals. Document any unusual circumstances that have occurred of which the clerk should be aware.

Affirmation of Report

The status report should include the guardian's notarized signature affirming that the report is complete and accurate to the extent they can determine and are informed. The guardian's agency, address and telephone number should be included. The completed report, with the guardian's notarized signature, should be submitted to the clerk's office and any others as ordered by the clerk.